SCHEDULE B (FEC Form 3X)			Use separate schedule(s)		FOR LINE NUMBER: PAGE 34 / 40					
ITEMIZED DIS	for each	n category of the d Summary Page	(CI	heck on 21b	22 🕽		24 25 2			
					27	28a		28c 29		
	d from such Reports and loses, other than using the									
NAME OF COMM	ITTEE (In Full)									
American Coun	cil of Life Insurers Po	olitical Action C	committee							
Full Name (Last, First, Middle Initial)							tion ID: 25			
Klein For Congr	ess					Date of [Disbursement		YY	
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Candidate Name					1 gory/					
Rep. Ronald Kl				Тур						
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	President		pecify) $lacktriangler$							
State: FL	District: 22									
Full Name (Last, F Daniel Webster							tion ID: 25			
	PAG					M M	Disbursement		Ϋ́Υ	
Mailing Address	900 19th Street, N'8th Floor	W				0 6	24	20	Ý 8 Ý	
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Full Name (Last, F Rely on Your Bo							tion ID: 25			
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Mailing Address	Attn: Keri Ann Hay 209 Pennsylvania	es Ave, SE				0.0	24	20	0 0	
City Washington	•	State DC	Zip Code 20003			Amount	of Each Disbu	ursement th	is Perio	
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Candidate Name Rely on Your Bo	eliefs Fund			Categ Typ						
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